,			004002	2-002989.DAC.176488	
DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION		Attorney Docket Number	4002-2	2989/PC746.00	
		First Named Inventor	Kevin T. Foley		
		СОМРІ	LETE IF KN	IOWN	
	₩ Declaration	Application No.		10/274,856	
☐ Declaration submitted with	Submitted after	Filing Date		October 21, 2002	
Initial Filing	(surcharge (37 CFR 1.16(e)) required)	Group Art Unit		3738	
	1.10(e)) required)	Examiner's Name			
I believe I am the original, first joint inventor (if plural names ar is sought on the invention entitle SYSTEMS AND TECHNIQUES the specification of which (check is attached hereto.	re listed below) of the sub ed S FOR RESTORING AND	oject matter which is clair	med and f	for which a patent	
	per 21, 2002 as Uni		o. 10/274	l,856 or	
And was amended on	And was amended on			·).	
I hereby state that I have revinctuding the claims, as amended I acknowledge the duty to discaccordance with Title 37, Code	ed by any amendment re close information which i	ferred to above. is material to the patent			

I hereby claim foreign priority benefits under Title 35, United States Code, §119(à)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Certified Copy Attached?	
			Yes	No
				Ø
				⊠

Application Number(s)

Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: **Parent Filing Date Parent Patent** U.S. Parent Application or PCT Parent Number (MM/DD/YYYY) Number (if applicable) ☐ Additional US or PCT International application numbers are listed on a supplement priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Place Customer **Customer Number** Number Bar Code Label Here OR Registered practioner(s) name/registration number listed below. **Registration Number** Name **Registration Number** Name Douglas A. Collier 43,556 Additional registered practioner(s) named on supplemental Registered Practioner Information sheet PTO/SB/02C attached Х OR Correspondence address below Customer Number Direct all correspondence to: Bar Code Label Douglas A. Collier Name WOODARD EMHARDT NAUGHTON MORIARTY & McNETT Firm Name 111 Monument Circle, Bank One Tower, Suite 3700 Address **Address** IN ZIP 46204 Indianapolis State City Fax 317-637-7561 **USA** Telephone 317/634-3456 Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor: **Family Name** Foley Given Name (first Kevin T. or Surname and middle, if any) Date of Signature: nventor's Signature: Residence: Germantown, Tennessee USA City, State, Country) **USA** Citizenship: Post Office 2877 Keasler Circle, Germantown, Tennessee 38139 Address:

DECLARATION

Registered Practitioner Information (Supplemental Sheet)

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Charles R. Reeves	28,750		
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